

SECTION L – MEMBER TRANSITION

L.1 Describe how you will coordinate transition of a member in the following scenarios to minimize member disruption and ensure continuity of care:

- *From one managed care entity to another (receiving and relinquishing a member); and*
- *Between fee-or-service to/from your MCO.*

Your processes should address interactions with and processes for engaging existing providers in the transition

Experience Coordinating Member Transitions

Louisiana Healthcare Connections (LHCC) has coordinated transitions for Bayou Health members since program inception in 2012. We successfully transitioned over 150,000 members during the initial six months of Bayou Health implementation, and have developed processes to ensure continuity of care for new members and those transitioning out of LHCC. In addition, we actively collaborated with other Bayou Health MCOs to develop a unified protocol for electronic information exchange, so that the receiving MCO has complete information about a member's needs and ongoing care. Our experience over the past two years has deepened our understanding of the importance of, and challenges to, ensuring continuity of care for this population. For example, our review of two years' worth of claims data for new Members who are Medicaid-eligible prior to entering LHCC allows us to identify existing providers, ongoing services and medications, and quickly identify members for prioritized outreach. As soon as a member is enrolled in LHCC, we conduct outreach immediately to ensure continuity without disruption.

Louisiana Healthcare Connections successfully transitioned more than 50,000 members per GSA during the initial six months of Bayou Health Program implementation.

LHCC minimizes disruption and ensures continuity for new members and those leaving our plan through:

- **A statewide network of qualified providers, skilled in serving Bayou Health members.** We have built solid working relationships with our providers and developed processes and approaches to help them meet the needs of members who are transitioning. Our existing provider network is an important factor in our ability to ensure continuity of care for members with special health care needs under the new contract, because it includes many of the significant traditional Medicaid providers that have served Bayou Health members since before program implementation. By contracting with these providers, we not only ensure our members can access services from providers who know and understand their needs, we also minimize the chance that a new member will enter LHCC receiving services from an out-of-network (OON) provider. In addition, our providers are already trained on our continuity of care policies and procedures, so they are aware that they should continue existing care when their patient enrolls in LHCC.
- **Outreach to network and OON providers** to educate them about our process for automatic authorization of existing services, how to contact us about new or former LHCC members they are treating, and provide assistance for transitioning members.
- **Automatic authorizations of existing services** new members are receiving at the time of enrollment. We provide these authorizations to the member's existing providers regardless of network status.
- **Continuation of authorizations with OON providers beyond the transition period** when necessary to protect member health and safety, or when required to ensure continuous care with no disruptions.
- **Experienced Transition Coordinators** who interact closely with the Medicaid Coordinated Care Section staff to assist members who are transitioning into, or out of, LHCC, and from or to another

MCO or the Fee-For-Service (FFS) Program. These Transition Coordinators ensure that our members receive necessary healthcare services in a continuous and coordinated manner.

- **Cross functional support to ensure a seamless transition.** Such support includes, but is not limited to new member outreach, education, assessment, and new care plan development; communication with PCPs to ensure their oversight of transitional care; and information sharing and coordination with the receiving MCO or FFS Program Representatives and/or treating provider(s).
- **Established Policies and Procedures** that have proven to be effective in ensuring continuity and coordination of services during transitions.

LHCC understands and will comply with all DHH requirements relating to Member Transitions from/to another MCO or FFS including, but not limited to RFP Section 6.36. Care Transition; 6.29. Care Coordination, Continuity of Care, and Care Transition; 6.30. Continuity of Care for Pregnant Women; 6.32. Continuity of Care for Individuals with Special Health Care Needs; 6.33. Continuity of Care for Pharmacy Services; 6.34. Continuity for Behavioral Health Care; 6.35. Continuity for DME, Prosthetics, Orthotics, and Certain Supplies; and all other relevant contractual and regulatory requirements.

Engaging the PCP, Specialists and Other Providers in Transitions

As soon as we are notified of a member's enrollment into LHCC, our Transition Coordinator notifies the new PCP of the member's PCP selection and coordinates the transfer of their medical records. Case Management staff coordinate with the PCP and specialists, including behavioral health specialists, in assessment and care planning and, when appropriate, in transitioning the member's care to a network provider. For members transitioning out of LHCC, our Transition Coordinator transmits information about their care to the receiving MCO or FFS representative.

To ensure that the records transfer does not interfere or cause delay in the provision of services to the member, we require that our network providers send a copy of the member's medical record and supporting documentation (at no charge to the member or receiving MCO/provider) to the new PCP within 10 business days of receiving the PCP's request. As necessary and requested, Case Management staff participate in case conferences with the new MCO or FFS Program Representatives and/or treating provider(s) to discuss the member's care and needs, and to facilitate a smooth transition.

Below, we describe our approach to coordinating transitions into and out of LHCC. Because our processes for transitioning members are similar regardless of whether they are coming from or going to another MCO or FFS, we have organized our response based on the type of transition but noted any differences when another MCO or FFS is relinquishing/receiving the member.

Coordinating Transitions into LHCC from another MCO or FFS

LHCC takes a proactive approach to ensuring new members experience no disruption in existing care, regardless of whether their previous coverage was through another MCO or FFS. Our approach includes the following components:

Approach to Transitioning New Members with Ongoing Care
Identification of Existing Services or Need
Member and Provider Education to Ensure Continuation of Existing Services
Priority Outreach to Members with Special Needs to Ensure No Service Interruption
Authorization and Continuation of Services

Approach to Transitioning New Members with Ongoing Care
Coordination of Transition Services
Assessment and New Care Plan Development
Continuing Care with OON Providers Beyond the Transition Period

Identification. To immediately identify existing services or the need for services, and to obtain information needed to coordinate care and ensure continuity for a new member, Case Management staff review sources such as those in the table below.

Identification Sources
Enrollment data and information from DHH, the enrollment broker, or another MCO indicating existing authorizations of ongoing covered services, including data related to members who are currently inpatient, and indicators of special needs such as eligibility for 1915 (c) waiver programs.
The two years of claims data provided by DHH or information from another MCO or FFS provider that indicates a need for ongoing services, such as dialysis, oxygen, medical supplies, or radiation therapy.
Pharmacy data provided by DHH or another MCO to identify members with prescriptions that indicate a chronic or complex condition that may require ongoing services, such as short- or long-acting beta agonists indicating asthma, and psychotropic medications indicating ADHD treatment.
Information obtained from our Health Risk Screening, which we perform for all new members within 14 days of enrollment.
Information obtained from Notification of Pregnancy (NOP) forms, which we require providers to submit for all identified pregnant members regardless of trimester.
Provider requests for authorizations and referrals and notification of special needs members, such as those with existing or potential behavioral health and developmental needs, or those receiving in-home services.
Information from our concurrent review nurses onsite at network hospitals.
Contact from members and their family/caregivers through the Member Call Center, or interaction with our Case Managers and MemberConnections® Representatives (MCRs).

Member and Provider Education to Ensure Continuation of Existing Services. Seamless transitions from another MCO or FFS provider often require targeted outreach and education to members and providers to make sure they each understand the importance of continuing existing services, with no change, until a new care plan is authorized.

Members. During the transition period, our key message to new members is that they should continue accessing their existing services and supplies during the transition with no change, regardless of provider participation status. Upon enrollment, we educate members about contacting us via our toll-free Member Call Center if they are receiving or need services. We also educate them on other topics, such as our continuity of care processes, so they understand their right to continue receiving services; the assistance available through our Case Management Program; and how we determine whether, how, and when their care can safely be transitioned to network providers. We provide this information in the Welcome Packet we send all new members within 10 days of enrollment, as well as during the Welcome Calls we conduct within 14 days of enrollment.

Our Customer Service staff reinforce our continuity of care messaging with new members when they contact LHCC for information and/or assistance. We also provide this education through our Case

Managers and MCRs, in the Member Handbook, and on our Member Portal. MCRs are community health workers we hire from within the communities they serve to supplement our in-person outreach and education efforts. MCRs know the community, speak the language, and are frequently able to reach difficult-to-contact members.

Providers. We have designed our Provider education strategies and materials to proactively address and prevent the common misperceptions that MCOs will not continue existing services at all or when provided by a non-contract provider; and that obtaining authorization for continuation of existing services will be onerous. Our Provider Relations staff provide initial and ongoing education about how to notify us of new or existing members with special health care needs, pregnant members, and those receiving ongoing services, such as outpatient mental health or substance use disorder treatment managed by a Statewide Management Organization (SMO) provider. We also provide this education through the Provider Manual, Provider Portal, the Provider Newsletter, and other periodic mailings.

When we identify an OON provider who provides covered services to a new LHCC member, we outreach immediately to educate them about our policies regarding continuation of existing services; authorization requirements beyond the transition period; our policies and procedures for safely transitioning members to a network provider and/or new care plan; and our claim submission processes to ensure prompt payment for continued services.

Authorizing and Continuing Existing Services.

Within one business day of identifying existing services, and with appropriate member consent, our Transition Coordinator outreaches to the previous MCO, FFS program representatives, and/or treating provider(s) to obtain all current authorizations. Our Case and Utilization Management staff authorize existing services a new member is receiving at the time of enrollment, regardless of their provider's network status, for a minimum of 30 days and longer, if needed, to complete a new assessment and develop a new care plan. We will authorize existing ongoing covered services for members with Special Health Care Needs (SHCN) for 90 days or until the member may be reasonably transferred without

disruption, whichever is less. We also honor existing prescriptions, such as for insulin and seizure medications, which is critically important for maintaining health status. New members may fill prescriptions written prior to enrollment until the prescription expires, or until a participating provider examines the member within 60 days of enrollment to evaluate the continued need for the prescription; whichever comes first.

We authorize existing prescriptions for maintenance medications for at least 60 days; continue any treatment of antidepressants and antipsychotics for at least 60 days after enrollment; and allow new members receiving a prescription drug at the time of enrollment that is not on LHCC's formulary to continue receiving that prescription drug, if medically necessary, for at least 60 days. LHCC also will continue the medication prescribed to the enrollee in a state mental health treatment facility for at least 60 days after discharge, unless the MCO's psychiatrist, in consultation and agreement with the facility's prescribing physician, determines that the medications are not medically necessary or potentially harmful.

We also honor existing authorizations from another MCO or FFS for durable medical equipment, prosthetics, orthotics, and supplies, regardless of the authorized provider's network status, for up to 90

LHCC in Action...

A network home health agency contacted LHCC requesting authorization to extend home health visits for a new member who had met their benefit limit. The member had multiple diagnoses (including bipolar disorder and an open abdominal wound) and was transitioning into LHCC from another MCO. A Case Manager contacted the member for assessment, enrollment into Case Management, and development of an integrated care plan to address each of her assessed needs and coordinate among her providers. Our Prior Authorization and Case Management staff collaborated with a network surgeon to request wound care, which we authorized along with Home Health visits over the benefit limit to assist with dressing changes. The member's wound has healed, and her health has improved.

calendar days or until our member may be reasonably transferred to a new provider without disruption, whichever is less.

Our Utilization Management or Case Management Staff educate providers about continuing to provide care, with no change, until a new care plan is authorized. The Utilization Management or Case Management staff also provide information about contracting with LHCC, and connect the provider to our Provider Relations (PR) Department to obtain assistance with possible contracting, or to negotiate a Single Case Agreement if they choose not to contract during the transition period, and/or if continuation with the OON provider beyond the transition period is necessary.

When contacting the previous MCO, FFS program representatives, and/or treating provider(s), our Transition Coordinator also requests additional information to assist our Case Managers in prioritizing the member for outreach and care plan development, and in coordinating care. Our Transition Coordinator requests key information such as:

Key Information for Transitioning New Members
Service history , particularly recent utilization (such as hospitalization, home care, ancillary services, substance use disorder treatment, and life-sustaining services such as dialysis)
Diagnoses , including behavioral health conditions
Pregnancy status and, as applicable, OB and hospital chosen for delivery
Current PCP
Provider treatment plans
Results of any recent case management assessments and the current care plan including medications, member goals and preferences
Information on whether the member is being co-managed with the SMO
Other information about the member's needs and barriers to care
Any new care requirements following enrollment into LHCC, such as new medications

Priority Outreach. LHCC staff prioritize outreach to new members to ensure those receiving current services, or who are at highest risk, are contacted quickly to assure no disruption in the services during transition. These high-priority members include, but may not be limited to those who:

High Priority Members for Outreach
Are hospitalized at the time of enrollment
Have a prior authorization for scheduled surgeries
Require a post discharge follow-up visit and therapies after transition or out-of area specialty services
Have complex conditions or treatments such as enteral feedings, oxygen, wound care, and ventilators, medical supplies, transportation on a scheduled basis, and chemotherapy and/or radiation therapy
Have conditions requiring ongoing monitoring or screening , such as elevated blood lead levels and members who were in the NICU after birth
Have significant medical conditions , such as a high-risk pregnancy or pregnancy within the last 30 days, the need for organ or tissue transplantation, or chronic illness resulting in hospitalization
Are in foster care

High Priority Members for Outreach
Meet criteria or are referred for, or request, Case or Chronic Care Management
Are receiving medical supplies
Have multiple providers or are receiving multiple medications
Need to change to a participating PCP

Case Management staff make three attempts on different days and at different times of day to reach these high priority members by phone to discuss their care and enroll them in Case Management. If we cannot reach the member by phone, the Case Manager contacts the provider to obtain more current contact information and request their assistance in connecting the Case Manager with the member. Case Managers also send the member a letter requesting them to call to discuss their care and services available through our Case Management Program. In addition, the Case Managers or an MCR may go to the member's residence to assist them with enrollment into Case Management. As our Customer Service staff and staff with NurseWise, our 24/7 nurse advice line affiliate have contact with new members, they make every effort to identify those with existing services and those who require coordination assistance. Once identified, these staff warm-transfer the member to our Case Management staff.

Coordinating Transition Services. Our Case Manager, with assistance from our Program Coordinators and Program Specialists (social workers), coordinate existing care to prevent any gaps and ensure continuous services. Coordination activities include communication:

- In person or via phone with the member, caregivers and informal supports/family (with member consent) to provide education about continuing existing services, and to obtain additional information about existing services and needs
- With the previous case manager, current PCP, and specialists (both participating and non-participating, as applicable)
- With hospital staff and discharge planners for inpatient members
- With ancillary providers, such as home care, durable medical equipment vendor, and therapists (physical, occupational, and speech therapy)
- With community agencies supporting the member, such as housing agencies.

Our concurrent review Case Managers onsite in 17 hospitals are key in coordinating transition services.

The assigned Case Manager works closely with any previous FFS or MCO case manager and providers during the transition period to ensure the member's needs are appropriately addressed. LHCC's Case Manager also consults with the previous case manager on our assessment results, and incorporates their input into the new care plan. To supplement the information obtained from the member and caregivers during our assessment and care planning process, our Case Manager also requests any information about member progress on previous goals, as well as the presence of caregivers and informal supports. If the member is receiving services from an OON provider, Case Management staff outreach to that provider to determine interest in joining our network, and refer them to our PR Department for possible contracting (as described below).

LHCC locates **concurrent review nurses (CRNs) onsite at 17 network hospitals**. They play a key role in coordinating transition services, and this strategy is part of our evidence-based approach to transitional care. These staff already have established relationships with hospital discharge staff and hospitalists, and are familiar with the hospital's systems, discharge planning processes, and referral patterns. This familiarity enables them to quickly obtain information needed to assess transition needs and coordinate an

effective transition plan. They also work with the relinquishing MCO or FFS Program Representative, as applicable, to coordinate the transition plan and ensure any needed post-discharge services are in place when the member is discharged.

Assessment and New Care Plan Development. For new members with ongoing services, our Case Managers complete a comprehensive assessment and develop a new care plan in conjunction with the member, caregiver/family, and informal supports as desired, existing network and non-contract providers, and any previous case manager to identify and address the member's medical, behavioral health, social, and other needs, preferences, and goals.

Once the care plan is developed, the Case Managers ensure that the member understands and agrees to the Care Plan, and any changes in services compared to the original services they were receiving before they joined LHCC. The Case Manager also initiates follow-up contact with the member to ensure all services are initiated according to the care plan and are meeting the member's needs; forwards the new Care Plan to the member's PCP; and documents the Care Plan in TruCare, our integrated health services management platform. TruCare enables all staff on the member's Integrated Care Team to see a holistic view of the member's needs and all authorized services. Based on the member's updated Care Plan, the Case Manager schedules referrals and, in conjunction with our Utilization Management staff, provides authorizations to the appropriate providers.

Maintaining Provider Relationships. A primary goal of LHCC's continuity of care process is to avoid disrupting existing member/provider relationships. To preserve relationships with OON providers with whom a member has a documented relationship, we use the following strategies:

- Proactively attempt to contract with OON providers serving our members. When we identify an OON provider serving one of our new members, our Provider Relations Department staff contact the provider to discuss contracting opportunities and ideally complete the credentialing application process.
- Continue to authorize care through SCAs when the provider chooses not to contract with us. If the provider is not interested in joining our network, and transitioning the member to a network provider would jeopardize their health or safety, or an appropriate provider type is not available in-network, Provider Relations staff negotiate an SCA to enable the member to continue with the provider for the course of treatment.

Continuing Care with OON Providers Beyond the Transition Period. For certain types of care, transitioning to a new network provider during a course of treatment may pose a risk to the member's health. Additionally, network providers may not accept the member as a new patient when they are in the middle of a course of treatment with another provider. For these situations, we authorize continuation of services with the non-contract provider to ensure continuity and no disruption in care, such as when the member is receiving:

- **Prenatal Care.** LHCC allows pregnant members (in any trimester) who are receiving prenatal care from an OON OB/GYN at the time of enrollment to continue seeing the OB/GYN through delivery and the six-week postpartum visit.
- **Transplant Services.** For members receiving transplant services at the time of enrollment, we authorize continuation with the OON transplant provider through one year, post-transplant. Our Transplant Case Manager works with the OON transplant provider to ensure coordination with other services the member receives.
- **Chemotherapy.** For members receiving chemotherapy for a cancer diagnosis, we authorize continued treatment with the current OON provider until the treatment is completed. As with transplants, our

Case Management staff work with the chemotherapy provider to ensure coordination with other services the member receives.

- **Behavioral Health Services.** For members receiving basic behavioral health services, we authorize continued treatment with the current OON provider until the treatment can be transitioned to a network provider, or the OON provider is credentialed as in-network. Our Case Management staff also work with the SMO case management team to coordinate referrals for behavioral health specialty services, and to ensure coordination with other needed services for the member.

L.2 Describe your approach to meeting the newborn enrollment requirements, including how you will:

- **Encourage Members who are expectant mothers to select an MCO and PCP for their newborns;**
- **Ensure that newborn notification information is submitted, either by you or the hospital, to DHH or its Agent within twenty-four (24) hours of the birth of the newborn; and**
- **Ensure that the birth is properly recorded in the Louisiana Electronic Event Registration System (LEERS).**

Experience and Approach

LHCC understands the importance of pregnant women selecting an MCO and the primary care provider (PCP) for their newborns prior to delivery. Encouraging early selection helps us ensure appropriate access to preventive care starting with the newborn exam during the delivery admission. LHCC deploys several methods to encourage pregnant members to choose an MCO and pediatrician, or other appropriate PCP, for the care of their newborn baby before the beginning of the last trimester of gestation.

As an incumbent Bayou Health MCO, we have found that early identification of pregnancy is key in ensuring our moms make timely MCO and PCP selections, so we focus on obtaining completed Notification of Pregnancy (NOP) forms as early as possible in the pregnancy. LHCC has invested tremendous resources, including targeted provider and member incentives, to educate members and providers about the importance of completing and submitting NOP forms, and we encourage them to do so. Once we identify a pregnant member, we immediately begin efforts to educate and assist her with MCO and PCP selection for her newborn, and this has helped us achieve a high rate of PCP selection.

For 2012 to 2013, LHCC achieved a 83.1% improvement in completed Notification of Pregnancy forms, which allowed us to identify and outreach to more pregnant members to encourage MCO and PCP selection.

In addition to the strategies we use to ensure early submission of NOP forms, our approach to meeting newborn enrollment requirements incorporates innovative strategies, such as those highlighted below, to ensure newborns are enrolled in a Bayou Health Plan and have a PCP prior to birth or immediately thereafter:

- Our **StartSmart for your Baby®** Program (Start Smart) offers early risk screening, case management, and member education designed to improve pregnancy outcomes and Newborn Intensive Care Unit (NICU) rates. The Start Smart Program incentivizes NOP submission to encourage early identification of pregnant members, and provides education and assistance to members in selecting an MCO and PCP for the baby.
- Through our **CentAccount®** Member Rewards Program, our pregnant members can earn rewards for completing and submitting the NOP form. These dollar rewards are put onto a personalized pre-paid reward card that can be used for a number of items such as diapers, formula, baby food, and clothing.
- Our **MemberConnections®** outreach program allows us to provide intensive in-person, “boots on the ground” interaction with our members. MCRs make home visits to high risk members we cannot reach by phone and assist them in selecting an MCO and PCP for their baby.

LHCC also uses multiple approaches to ensure that our network hospitals submit newborn notification information to DHH and record the birth in the Louisiana Electronic Event Registration System (LEERS). These approaches include onsite concurrent review nurses at 17 network hospitals that enable us to closely monitor birth notifications, and provide education to reinforce LEERS.

LHCC understands and will comply with all DHH requirements relating to Newborn Enrollment including, but not limited to Sections 7.8.1.17.5. PCP Auto Assignment, 7.8.7 Prenatal Care Services, 6.11. Prenatal Care Services, 11.10.4. Newborn Enrollment and all other relevant contractual and regulatory requirements.

Encouraging Members to Select an MCO and PCP for Their Babies

Educating the mother about the importance of selecting an MCO and a PCP within 60 days prior to delivery ensures newborns are quickly connected to a medical home. LHCC takes a multifaceted approach to capture every opportunity to educate our members and support provider efforts to educate our members.

Identification of Pregnant Members. The critical first step in ensuring positive birth outcomes is identifying pregnant members early so they can receive appropriate prenatal care. We use the following sources to identify pregnant members:

Enrollment data. Case and Utilization Management staff review enrollment and other data we receive about a new member to identify those who may be pregnant, as well as their eligibility category, such as LaMOMS or LaCHIP. We also review the two years of historical claims data from DHH for recent claims for prenatal vitamins and OB/GYN and perinatologist services. MCRs outreach to identified high risk members to enroll them in our Start Smart program (detailed below).

Health Risk Screenings. NurseWise, our 24/7 nurse advice line affiliate, completes the Health Risk Screening (HRS) during the Welcome Call they place to all new members within 14 days of enrollment. Members also may submit the HRS through the Member Portal or through the mail after they receive the HRS in the Welcome Packet. If they identify a member as pregnant during the Welcome Call, NurseWise attempts to complete the NOP Form with the member at that time. LHCC generates a weekly report that identifies members who indicated pregnancy on the HRS and if we identify the member as potentially high risk, MCRs outreach to enroll them in our Start Smart program. We continue to contact all other pregnant members by mail, and provide them with information on how to contact our Customer Service or Case Management Departments at any time

Notification of Pregnancy (NOP). LHCC's NOP process is a streamlined approach that identifies and engages pregnant members as early in their pregnancy as possible to establish a relationship between the member and health plan staff. The NOP includes the member's current contact information, pregnancy information, and newborn PCP selection, if known at that time. We also educate providers to stress the importance of submitting an NOP upon confirmation of pregnancy. Our Provider Orientation Packet includes a copy of the NOP form, which is also available for download from our website and may be submitted via our Provider Portal.

In 2013, LHCC's CentAccount® program provided almost \$63,000 in rewards to pregnant members for NOP completion.

LHCC has continued to improve the percentage of pregnant members and/or their providers who submit the completed NOP form within eight months prior to delivery. In Q4 2012, LHCC developed and initiated an intensive member and provider outreach and education campaign by Quality Improvement, Start Smart, and Provider Relations staff that focused on explaining why the NOP is important and how it can help us help our pregnant members have a healthy pregnancy and healthy baby. In addition, we encourage our members to submit an NOP (via hard copy, by phone, or via our Member Portal) by

offering an incentive, such as a digital thermometer, and providing rewards through our CentAccount™ Member Rewards Program for the receipt of prenatal and timely postpartum care. Through all of these targeted efforts, the percentage of births with NOP forms completed within eight months prior to delivery consistently showed improvement from 2012 through 2013, achieving an 83.1% improvement in NOPs received (29.31% to 53.67%).

New Pregnant Member Report. LHCC generates this report from the sources above to notify the Case Management team so they can outreach to members and educate them on healthy pregnancy, coordinate prenatal care visits, and encourage the submission of the NOP to receive CentAccount™ benefits.

Claims Data. LHCC also uses ongoing review of claims data to identify members who may become pregnant after enrollment. For example, we look for claims for prenatal vitamins and OB/GYN visits. Once we identify these members, Case Managers outreach to educate them about our Start Smart Program and encourage them to complete the NOP form.

Member Education and Outreach to Encourage PCP Selection. In addition to member welcome materials and calls, LHCC's Start Smart pregnancy management and MemberConnections™ Programs include mechanisms for encouraging our pregnant members to actively select a PCP for their baby.

Start Smart for Your Baby®. Our award-winning pregnancy and postpartum management program focuses on early risk screening, Case Management, and member education designed to improve pregnancy outcomes and NICU rates. Through Start Smart, we empower our members to make the right choices for a healthy pregnancy and baby, including selecting the baby's MCO and PCP.

The Start Smart Baby Shower Program. This Start Smart Program educates the pregnant member about prenatal and postpartum care for herself and her newborn. A registered nurse, assisted by MCRs, conducts our Start Smart "Baby Showers" in a classroom environment. The classes cover the basics of prenatal care including nutrition; the risk of smoking and benefits of smoking cessation; the progress of a fetus throughout pregnancy; and the importance of regular follow-up with medical providers, including the importance of selecting a PCP for the baby within 60 days prior to delivery.

In the first three quarters of 2014, we conducted 34 baby showers statewide to educate pregnant members about topics such as the importance of selecting a PCP for their baby.

Start Smart for Your Baby® Mailings. Upon confirmation of pregnancy, LHCC mails pregnant members our Start Smart Pregnancy Mailing packet, which includes a Newborn PCP Selection form. On the form, we include instructions on how and when to select a PCP, and inform the member that a PCP will be automatically assigned to their baby within one business day after enrollment, if the member does not select one.

Diaper Days and Diaper Days for Dads. Diaper Days target families of newborns and focus on postpartum care, infant care, EPSDT services, and issues related to first-time parents. We host Diaper Days monthly to engage new mothers and fathers and Diaper Days for Dads to engage new fathers. We engage new mothers and fathers at these events and support them in being active in their baby's development, health, and wellness care. In addition, we provide baby gifts and child wellness literature.

MemberConnections®. Through our MemberConnections® Program, we provide intensive outreach, in-person member assistance and education to our pregnant members identified as high risk. MCRs are health outreach workers hired from within the communities we serve to ensure that our outreach is culturally competent and conducted by people who know the unique characteristics and needs of the local area and its residents. MCRs receive comprehensive training and become an integral part of our Customer Service and Case Management teams, which benefits our members and increases our effectiveness. MCRs make home visits to high risk members we cannot reach by phone, and assists them to select a PCP if they have not done so.

Care Planning. For high-risk pregnant members enrolled in our Case Management Program (such as a member in complex case management who becomes pregnant), Case Managers incorporate newborn PCP selection into the member's Care Plan. Our Case Managers educate members about PCP selection and encourage them to select a PCP prior to the third trimester of pregnancy.

Selection at Time of Delivery. LHCC's concurrent review nurses onsite at 17 network hospitals identify and validate deliveries on the daily census report and provide assistance to the member to select a PCP for her baby.

Supporting Provider Outreach to Encourage Members to Make a Selection. We provide information to providers in support of their efforts to encourage pregnant members to make a PCP selection for their baby. For example, Provider Relations staff educate our network PCPs and Obstetricians (OBs) to ensure that the PCP or the OB provides prenatal care in accordance with the Prenatal Care Recommendations of the American College of Obstetricians and Gynecologists. We educate our providers through mechanisms such as new provider orientation, the Provider Manual, ongoing provider training, and our Provider Newsletter. Regardless of the education/training venue, we recommend counseling the pregnant member about plans for her child, such as designating a pediatrician, or the family practitioner, who will perform the newborn exam, and choosing a PCP to provide subsequent pediatric care once the child is enrolled in LHCC. In addition, Provider Relations Specialists assist providers, if desired, with developing SMS text messages (through the CMS Text 4 Baby program) about choosing a PCP for their new baby within 60 days of their due date.

Auto Assignment. If our pregnant member does not select a PCP for the baby within 14 days of birth, LHCC uses the auto assignment process to assign a PCP. If LHCC was unaware of the pregnancy until the member presents for delivery, LHCC assigns a PCP for the newborn within one business day after birth.

Assuring that Hospital Providers Report Births and Record Births in LEERS

LHCC employs numerous approaches to assure that hospital providers report births within 24 hours of birth using DHH's web-based Facility Notification System, and properly record the birth in the Louisiana Electronic Event Registration System (LEERS).

- **Provider Contracts.** Our hospital contracts require hospital providers to report births to DHH through the Facility Notification System within 24 hours of birth, and to register all births through the LEERS system.
- **Provider Training and Education.** LHCC's community-based Provider Relations Specialists provide education about birth reporting and registration requirements and procedures during hospital provider orientation and ongoing trainings. Provider Relations Specialists provide in-office and group training for PCPs, specialists, hospitals, and ancillary providers. We use a variety of communication mechanisms, coupled with carefully developed, well-tested content, to ensure that providers receive the information needed to fully comply with DHH requirements for reporting and registering births. Our in-person approach to training allows us to answer questions in real time.

To reinforce our training, we provide written manuals and guides for providers and their staff to use as reference materials, such as the Provider Manual and forms located on the website. We also use peer support, web-based communication, standing committees, and our provider call center to round out a communications system that has proven to be highly successful in conveying the importance of, and processes for, reporting and registering births.

Ensuring Compliance. LHCC receives a Notification of Delivery from our hospital providers via fax or phone, and we use this information to develop a Daily Census Report. Our onsite concurrent review nurses identify and validate deliveries on the Daily Census Report, and coordinate with the hospital on completion of the LEERS registration and reporting the birth in the Facility Notification System within 24 hours of birth. In addition, LHCC is creating a question on the Notification of Delivery form that asks the hospital if the information was entered into LEERS within 24 hours. We will monitor and trend hospital compliance with reporting, which the Quality Assessment and Performance Improvement Committee (QAPI Committee) will review quarterly. If necessary, the QAPI Committee will require a hospital to implement a corrective action plan if found to be non-compliant.

LHCC is working with the DHH Medical Director to implement the Elective Delivery Policy, whereby DHH will provide LEERS data to MCOs on all births with identification of elective delivery. This information will improve our ability to verify compliance with birth notification and record this information into LEERS. When more information is available on the process for accessing the reports, our Medical Management, Case Management, Provider Relations, and Contracting staff will work together to develop a process for identifying non-compliance and outreach to providers to improve compliance.

LHCC has not disenrolled, nor have we sought to disenroll, a member for reasons other than administrative, such as loss of Medicaid eligibility.

L.3 Describe the types of interventions you will use prior to seeking to disenroll a Member as described in an MCO Initiated Member Disenrollment, Section 11 of this RFP. If applicable, provide an example of a case in which you have successfully intervened to avert requesting the disenrollment of a member.

Overview and Experience

LHCC staff, many of whom are native to Louisiana, understand the needs of our Bayou Health members, and the realities of their lives that require unique approaches to providing health services and improving health outcomes. For example, cultural considerations, difficulty with transportation, low health literacy, co-morbid behavioral health conditions, the daily stresses of low-income families, and other such factors influence a member's ability to interact effectively with providers and health plan staff, and take responsibility for their health. LHCC takes these differences into account when developing our model and processes, so we can prevent situations in which MCO Initiated Member Disenrollment may occur.

We also draw on the expertise and proven successes of our parent company, Centene Corporation, and its affiliate health plans in 18 states that serve Medicaid and CHIP populations. While strategies that work in other states don't always translate successfully to Louisiana's unique characteristics, we are able to review and modify what works with similar populations served by our affiliates to reflect the needs and circumstances of our Bayou Health members. As a result, we have developed, as a core competency, the ability to address issues (such as challenging behaviors) that might prompt an MCO less experienced with Louisiana Medicaid and CHIP members to request a disenrollment.

LHCC understands and will comply with all DHH requirements related to requesting disenrollment of a member including, but not limited to the Guidelines for Involuntary Member Disenrollment (Appendix UU of the RFP).

Interventions to Avoid Disenrollment

LHCC takes a multi-dimensional approach to address situations in which members exhibit abusive, fraudulent, or non-compliant behavior; or other behaviors typically cited as reasons for plan-initiated disenrollment requests. We take reasonable measures to avoid a member's disenrollment, and have found that most of these types of behaviors can be addressed by providing education, assistance, and/or counseling to the member. Our strategies are based on our philosophy of 'meet the member where they are,' both figuratively and literally. We take into account their level of understanding, health literacy, and any health or behavioral health issues that may affect their ability or willingness to engage effectively with providers or LHCC staff. We also provide assistance in multiple ways, including in-person contact in the member's home or community to support the member and resolve identified issues.

Drilling Down to Root Causes. Barriers such as literacy, language, and other social issues often lie at the core of challenging situations, and represent areas the member may not otherwise have the opportunity or initiative to address. In some cases, face-to-face contact by a local MCR is more likely to uncover the real genesis of an issue. For example, a member who is unable to read may act out when presented with a form or privacy notice, rather than admit they are illiterate. Our MCRs are trained to detect and address such issues in a manner that is culturally competent and sensitive to the member's emotional response.

Case Management and Treatment. Some members have underlying physical or behavioral health issues that can result in challenging behaviors. To prevent such behaviors from occurring in the first place, our Case Managers thoroughly assess and address member needs, goals and preferences, and work with members to develop collaborative Care Plans that support access and adherence. For members with behavioral health needs, this includes, but is not limited to detecting and appropriately referring members with behavioral health issues to the SMO for specialty behavioral health treatment.

Case Managers proactively outreach to, and coordinate with, SMO staff to co-manage these members and ensure no gaps in care occur, and that Bayou Health and SMO services are well integrated. Additionally, Case Managers work hard to build a trusting, interactive relationship with each member. The Case Manager offers the member ongoing opportunities to communicate one-on-one, as well as share preferences and experiences that may represent causative factors for inappropriate behaviors. Underlying issues may easily be addressed, or even corrected, with a Case Manager's intervention. The Case Manager can act as an advocate, coach, and liaison between the member and the PCP, while addressing activities that impact overall health. Our goal is to empower the member to become an active stakeholder in their care, and to attain and maintain their highest possible level of wellness and wellbeing.

Assistance with Access Issues. At times, issues may result when a member needs assistance with appropriately accessing services or communicating with providers. If a member is missing appointments because of transportation issues, or is having difficulty understanding when to go to their PCP, our Customer Service staff are available to provide assistance (such as arranging for transportation, helping the member make an appointment, or explaining the member's need to a provider).

Intensive Member Education and Outreach. Written materials and phone calls are not always the most effective way to educate and help Bayou Health members understand how to appropriately access benefits and services. LHCC's MemberConnections™ Program goes the extra mile to accommodate our members and meet them where they are. When issues arise that could potentially develop into a disenrollment situation, we follow a rigorous outreach strategy using our MCRs, our community outreach staff we hire from within the communities they serve. Our MCRs know the language, the neighborhoods, and the organizations and providers that can help us locate and communicate with reluctant or challenging members.

For example, if a high risk member is at risk of harm to themselves through chronic failure to comply with treatment plans, MCRs outreach to the member by phone or through a personal visit, either in their home or at another agreed-upon location such as a provider's office. MCRs may work with a trusted

community organization such as a church or community center to arrange to meet the member. MCRs spend time talking to the member about their options, educating them about the importance of taking control of their health care, and provide guidance on how they can do so effectively. They help members connect the dots between engagement in care and goals the member feels are important to their life. Together with the member, the MCR attempts to achieve consensus on a plan to which the member can commit.

Requesting Disenrollment

We will not request disenrollment because of a member's health diagnosis; adverse change in health status; utilization of medical services; diminished medical capacity; pre-existing medical condition; refusal of medical care or diagnostic testing; uncooperative or disruptive behavior resulting from his or her special needs, unless it seriously impairs the MCO's ability to furnish services to either this particular member or other MCO members; the member attempts to exercise his/her rights under the MCO's grievance system; or attempts to exercise her/her right to change, for cause, the PCP that he/she has chosen or been assigned.

LHCC will request to disenroll members for the following administrative reasons.

- Loss of eligibility
- Death
- A move out of state
- Incarceration
- Intentional provision of fraudulent information
- Admission to a nursing or ICF/DD facility or is enrolled in Medicare

In these cases, LHCC will submit the disenrollment request to the enrollment broker and include at a minimum: the member's name, ID number and a description of the administrative reasons for requesting the disenrollment utilizing the MCO Initiated Request for Member Disenrollment form.

In the event that a member misuses or loans their ID card to someone to seek services fraudulently, LHCC will immediately report such events to the DHH Customer Service Unit. We educate the member about why they should not lend their ID card to anyone.

While we have never requested a disenrollment, as stated previously, should all interventions fail to result in a positive outcome, LHCC will notify the member, in writing that LHCC is requesting disenrollment. We will include the reason for the request and an explanation that LHCC is requesting that the member be disenrolled in the month following member notification. LHCC also will submit the MCO Initiated Request for Member Disenrollment form to the enrollment broker. At a minimum, we will include the member's name, ID number, detailed reasons for requesting the disenrollment and a description of the measures taken to correct the member behavior prior to requesting disenrollment.

Example of Successful Intervention to Prevent Disenrollment Request

A member called LHCC several times to complain about negative experiences with our transportation vendor. She was argumentative, confrontational, and used threatening language with LHCC staff, belittling and demeaning the Customer Service Representative (CSR) trying to resolve her issues. Our staff also learned the member was confrontational with the transportation vendor's drivers. Frequently, the member demanded to speak with the Customer Service Supervisor, rather than the CSR answering the

line. The Customer Service Supervisor agreed to assist the member, using techniques we teach in our CSR training about how to effectively communicate with members who are angry and disrespectful.

On the member's behalf, our Customer Service Supervisor outreached to the transportation vendor to investigate and address the member's concerns. She provided re-training on issues related to the member's complaint, and also discussed the member's behavior and provided suggestions for how to appropriately handle similar behavior in the future. The member subsequently called the Customer Service Supervisor to say that she was happy with the service and how her problems were resolved. In fact, our Customer Service Supervisor has developed such a trusting relationship with this member that over the last year, she has become the member's point of contact for any issue that needs to be resolved.

Our effective staff training, excellent customer service, and support to the provider allowed us to avert a situation in which LHCC may have otherwise considered requesting a disenrollment.